ACALANES UNION HIGH SCHOOL DISTRICT
1212 Pleasant Hill Road, Lafayette, CA 94549

BOARD AGENDA BACKUP

Board Meeting Date:	May 17, 2006
Item:	**Annual Statement of Need for 30-Day Substitute Teaching Permits** **Report** ☐ **Discussion** ☐ **Action** ☒
Overview:	The annual statement of need for 30-day Substitute Teacher Permits indicates that neither a credentialed person is available nor those who are available are deemed qualified for substitute teaching and details of the circumstances that necessitate the use of emergency permit holders rather than fully credentialed teachers.
Recommendation:	Staff recommends that the Governing Board approve the Annual Statement of Need for 30-Day Substitute Teaching Permits.
Amount:	N/A
Funding Source(s):	N/A
Budgeted:	**Yes:** ☐ **No:** ☐
Prepared by:	Sue Laird Administrative Assistant Human Resources
Reviewed by Signature:	Frank Acojido Director of Human Resources
Superintendent's Signature:	Jim Negri Superintendent

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State Of California
California Commission On Teacher Credentialing
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ANNUAL STATEMENT OF NEED

30-DAY SUBSTITUTE TEACHING PERMITS and DESIGNATED SUBJECTS VOCATIONAL EDUCATION 30-DAY SUBSTITUTE TEACHING PERMITS

INSTRUCTION TO THE EMPLOYER

The Statement of Need must be filed at the school district office each school year when employing holders of Emergency 30-Day Substitute Permits. The employing agency will complete a single Statement of Need form (on reverse) and retain the form at the school districts office.

The form must be completed annually. It indicates that either no credentialed person is available or that those available are not deemed qualified for substitute teaching and details of the circumstances that necessitate the use of emergency permit holders rather than fully credentialed teachers.

The Statement of Need form does not list a specific employee or their position. It does not need to be co-signed by the County Superintendent of Schools, but only signed by the Superintendent of the Employing School District.

A copy of the form does not need to be submitted to the county or the Commission with each Emergency 30-Day Substitute Teaching Permit application. However, the County Superintendent of Schools whose responsibilities include areas such as district payroll or district substitute placement, may request a copy of the district's Statement of Need form to accurately fulfill these duties.

County Superintendent of Schools Offices employing holders of the Emergency 30-Day Substitute Teaching Permit are also required to annually file, at their office, a completed Statement of Need form. The County Superintendent of Schools will sign the form.

The Commission is not requiring that the school boards approve the Statement of Need. Each individual school district may establish its own policy regarding this.

References: California Education Code, Sections 44225 and 44254 and California Code of Regulations, Title 5, Sections 80023, 80025 and 80026

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The form must be signed by **either**:

- The District Superintendent of Schools and filed at the school district office if the holder of any Emergency 30-Day Substitute Teaching Permit will be employed as a substitute in a public school operated by a school district.
- The County Superintendent of Schools and filed at the County Superintendent of Schools' Office if the holder of any Emergency 30-Day Substitute Teaching Permit will be employed as a substitute in a county-operated school.

The District Superintendent of Schools or the County Superintendent of Schools, has reviewed the information contained in this Statement of Need and certifies the following:

- Either a credentialed person is not available or one or more credentialed persons are available, but are not deemed qualified by the district or county, as applicable, to serve as a day-to-day substitute teacher.
- The situation or circumstances that necessitates the use of an emergency permit holder are described as follows: (Use and attach additional sheets, if necessary.)

▶ *This does not need to be submitted to the California Commission on Teacher Credentialing.*

I hereby certify that all of the information contained in this Statement of Need is true and correct.

Signature of District Superintendent Jim Negri	*District* Acalanes Union High School District	*Date* 5/18/06
Signature of County Superintendent of Schools	*County*	*Date*